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CURRENT CORRESPOND	Fe	e(s) Transmittal. Th	is certifica	ate cannot be us	ed for	domestic mailings of the any other accompanying or formal drawing, must		
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WILMINGTON	Γ					(Depositor's name)		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	TOR ATTORNEY DOCKET NO		<u>.</u>	CONFIRMATION NO.	
10/530,499 04/06/2005 Daniel Page 100831-1P US 6678 TITLE OF INVENTION: NOVEL COMPOUNDS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) I	UE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740		07/14/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS					
RAHMANI, NILOOFAR		1625	514-303000					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			or agents OR, alterna (2) the name of a sin registered attorney or	es of up to 3 registered patent attorneys R, alternatively, e of a single firm (having as a member a ttorney or agent) and the names of up to patent attorneys or agents. If no name is				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp GNEE	A TO BE PRINTED ON 'ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT	patent. If an assign assignment. Y and STATE OR (	COUNTR		ie doc	sument has been filed for
AstraZeneca AB Sodertalje, Sweden  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government								
4a. The following fcc(s)  Issue Fce  Publication Fce (l		<ul> <li>Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 26.0 (enclose an extra copy of this form).</li> </ul>						
	ntus (from status indicate		☐ b. Applicant is no lo	nger claiming SMA	LL ENTI	TV status See 3	7 CFF	R 1 27(g)(2)
NOTE: The Issue Fee at	nd Publication Fee (if req		ed from anyone other than	-			-	assignee or other party in
Authorized Signature			es. Ns. 48076	Date Ju	ne 30	2008		
Typed or printed name Jianzhong Shen Registration No. 48,076								
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